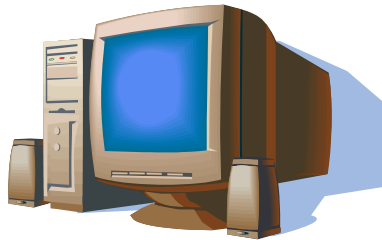# ASAP Instructions - MOWINS

WIC – MOWINS

Instructions to complete the online ASAP request form for access to the Missouri WIC Information Network System (MOWINS). For ASAP assistance, contact the WIC Help Desk at 800-554-2544 or e-mail WICHelpDesk@health.mo.gov

How do the Roles in MOWINS Work?
The more roles that we create in MOWINS, the more maintenance the program requires.
So, we tried to build on each role to give more access as we went along. In some
instances, we were not able to do that.

Agency–View – this role is for anyone that just needs to view records in a clinic. No
records can be manipulated.

Agency–Clerk/HPA – this role is for anyone that is a Clerk and/or an HPA. This
role allows manipulation of the demographics and the health information that an HPA is
allowed to do. Both roles in the MOWINS system access the same screens.

Agency–WIC Certifier – this role is for anyone that is a WIC Certifier at the
agency. This access **includes the access that the Clerk/HPA** role has, plus additional
access for food prescriptions and nutrition education.

Agency–WIC Coordinator – this role is for anyone that is a WIC coordinator at the
agency. This access will allow the calendar build and additional administrative reporting
through MOWINS. This access **does not** include any clinic level roles (clerk/HPA, WIC
Certifier, CPA/Nutritionist/Nutrition coordinator). If a user is a WIC Coordinator and a
WIC Certifier or Clerk/HPA, both roles must be requested on the ASAP.

Agency–BF Coord/Peer Counselor – this role is for anyone that is a BF
Coordinator and/or a Peer Counselor ONLY. Both roles in the MOWINS system access
the same screens. This role **does not** include any clinic level roles (clerk/HPA, WIC
Certifier, CPA/Nutritionist/Nutrition coordinator). If a user is a BF Coordinator/Peer
Counselor **and** a WIC Certifier, both roles must be requested on the ASAP.

Agency–CPA – this role is for anyone that is a CPA. This role **includes the access
for all other roles** (listed above) in MOWINS plus additional access for Nutrition
reporting.

Agency–Nutritionist/Nutrition Coord – this role is for anyone that is a
nutritionist and/or nutrition coordinator. This role **includes the access for all other roles**
(listed above) in MOWINS plus additional access to resolve high risk participants.

All other roles labeled "State" are for state employee use only.

An ASAP form must be completed to request a MOWINS UserID or to make changes to your name, role(s), or location(s). If a user is to be deleted, the supervisor must complete the ASAP.

The ASAP can be accessed on the web at
https://webapp02.dhss.mo.gov/asap_web/ASAPLogin.aspx

Click on "Completing for Self" and then click on "Next".

Area Type: Health Applications
Health Area Type: MOWINS
Request Type: Add Access
Role: Choose your role(s). *(See page 2 of these instructions for a description of the roles and how they are setup for MOWINS).*
Other Role/Report Type: DEFAULT

Please Note: If you have more than one role, please select your main role and then Press Ctrl and click on the other role you are requesting.

* Other Role/Report Type:	DEFAULT ▾
Enter the date you completed Application Security training. Leave blank if you have not completed [MM/YYYY]:	
Comments:	
* Effective Date [MM/DD/YYYY]:	

I, THE UNDERSIGNED, AN EMPLOYEE OF THE STATE OF MISSOURI OR AUTHORIZED USER OF DEPARTMENT DATA, UNDERSTAND THAT APPROVAL AND ASSIGNMENT OF THE REQUSTED ID OR APPROVAL OF THE REQUESTED CHANGE ENABLES ME TO ACCESS THE RESOURCES WHICH, BY LAW, MUST BE UTILIZES ONLY IN THE PERFORMANCE OF MY ASSIGNED DUTIES. THEREFORE, I AGREE TO MAKE NO INQUIRIES OR UPDATES WHICH ARE NOT REQUIRED IN THE PERFORMANCE OF MY OFFICIAL DUTIES. I UNDERSTAND THAT STATE AND FEDERAL STATUTES REQUIRE CONFIDENTIALITY OF INFORMATION AND PROVIDE PENALTIES FOR UNAUTHORIZED ACCESS, USE AND/OR DISCLOSURE OF INFORMATION. VIOLATIONS OR DISCLOSURES ON MY PART MAY RESULT IN DISCIPLINARY ACTION THAT COULD BE ONE OR ALL OF THE FOLLOWING: (1) SUSPENSION, (2) CIVIL COURT AND (3) DISMISSAL. I AGREE TO KEEP CONFIDENTIAL ALL INFORMATION MADE AVAILABLE TO ME IN THE PERFORMANCE OF MY OFFICIAL DUTIES. IN ADDITION, I AGREE NOT TO DIVULGE OR SHARE MY PASSWORD WITH ANYONE.

[I Agree]   [Quit]

[Submit Form]

Enter the date you completed Application Security training. Leave blank if you have not completed (MM/YYYY): Security training is required in order for the State to approve your MOWINS access request. See WIC Update March 19, 2012 regarding requirements for this field.

Comments: If you work for more than one agency you must list the additional agencies here. If you are making a name, role, or location change, list that here. Leave blank if none of these apply.

Effective Date (MMDDYYYY): Current Date

Do you enter Data for Additional Agencies?: Y or N *If you answer Yes, you must complete the comments section with the agency name(s) that you work for in MOWINS and the role(s) for each agency. If you do not complete the comments section, your ASAP request will be rejected for correction, causing a delay in getting your UserID.*

Click on "I agree" and then "Submit Form".

The local agency LSO (Local Security Officer) must approve the ASAP form at the local level before the request will be sent automatically to the State WIC office. Also, for all MOWINS requests, a second ASAP request will be automatically generated for access to mainframe Group H##$P001. This is the mainframe access for the HDFS screen. The LSO must also approve this request.

Once the ASAP has been processed and approved, an e-mail will be sent with the UserIDs for both MOWINS and the mainframe to the user and the WIC Coordinator.